#### FORM D

#### UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

ON	OMB NUMBER: Expires:	3235-0076 May 31, 2005
		rden 16.00
04047	7011	LY Serial
ION	Date Rece	ived

OMO ALLKOVAL

Name of Offering ( check if this is an amendment and name has changed, and indicate change	e) /2//7// *
Convertible Promissory Note Offering	1906/10/
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	-C1-HAF1)
1. Enter the information requested about the issuer	F
Name of Issuer ( Check if this is an amendment and name has changed, and indicate change.)  Harmony Line, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 600 Beaver Street, Waltham, MA 02452	Telephone Number (Including Area Code) 508-740-8144
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Same as above.	Same as above.
Brief Description of Business	•
To design, develop, market and license computer software, as well as provide hosting,	support and related services.
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ c	ther (please specify):
☐ business trust ☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for School CN for Canada; FN for other foreign jurisdiction)	☐

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  Each promoter of the issuer, if the issuer has been organized within the past five years;
  Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.

		<u> </u>	M 22 1 2 2 2 2		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Machover, Tod					
Business or Residence Address	(Numbe	r and Street, City, State, Z	ip Code)		
c/o Harmony Line, Inc., 600 Bea	ver Street, Waltham	, MA 02452			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				Trianaging Farmer
Resnick, Richard					
Business or Residence Address	(Numbe	r and Street, City, State, Z	(ip Code)		
c/o Harmony Line, Inc., 600 Bea	ver Street. Waltham	MA 02452			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if inc	dividual)				Managing Partner
Pettinella, Nicholas					
Business or Residence Address	(Numbe	r and Street, City, State, Z	Cip Code)		,
c/o Harmony Line, Inc., 600 Bea	var Street Waltham	MA 02452			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☑ Executive Officer	Director	General and/or
Full Name (Last name first, if inc	dividual)				Managing Partner
	aividuaiy				
Gworek, Jonathan D.	Olymba	r and Street, City, State, Z	Code)		
Business or Residence Address	(Numbe	er and Street, City, State, 2	ip Code)		
1601 Trapelo Road, Suite 205, V					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Business or Residence Address	(Numbe	r and Street, City, State, Z	Cip Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in-	dividual)				ivianaging I aither
Business or Residence Address	(Numbe	er and Street, City, State, Z	Zip Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if in	dividual)				Managing Partner
Tun vaine (East name 111st, 11 m	dividual)				
Business or Residence Address	(Numbe	er and Street, City, State, Z	Zin Code)	<del></del>	<del></del>
Dusiness of Residence Address	(i vaino	in and Street, Oily, State, 2	sip code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if in	dividual)				
	· · ·	10. 0. 0.	2: 0 1)		
Business or Residence Address	(Numbe	er and Street, City, State, 2	Cip Code)		
	(Lica blank sheet o	r conv and use additional	conies of this sheet, as ne		

	-			B. INF	ORMATIO	N ABOUT	OFFERI	NG				
1. Has the iss	uar cold o	r does the is	cuer intend	to call to	non accredi	tad investo	e in this of	faring?			Yes	No ⊠
1. Has the iss	uer sola, o	does the is						_	•••••			Zi
T.			Ans	wer also in	Appendix,	Column 2,	if filing und	der ULOE.				
2. What is the	e minimum	investmen	t that will b	e accepted	from any in	dividual?					\$_25,00	00
											Yes	No
3. Does the o	ffering peri	nit joint ov	vnership of	a single un	it?						$\boxtimes$	
If a person or states, li	n or similar to be listed st the name dealer, you	remunerat is an assoc of the bro may set fo	ion for soliciated perso ker or deale orth the info	citation of p n or agent of r. If more	purchasers i of a broker of than five (5	n connection or dealer re persons to	on with sale gistered with be listed a	s of securit	ies in the or and/or with	ffering. a state		
			,									
Business or R	esidence A	ddress (Nu	mber and S	treet. City.	State, Zip (	Code)						
				,,,	, <sub> </sub>							
Name of Asso	ciated Bro	ker or Deal	er									
States in Whi	ch Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers						
•			lividual Stat	'					fer 1			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[M1] [R]]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L				[***]	[0.]		[ , , -, ]	f	[,,,,]		[,,,]	[1 10]
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Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)	···					<del></del>
Name of Asso	ciated Bro	ker or Deal	er		· · · · · · · · · · · · · · · · · · ·							
States in Whi						hasers						
			lividual Sta			(CT)	[DE]		fict 1			All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[ונא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L			idual)						<del> </del>			<del></del>
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asso	ciated Bro	ker or Deal	er			<u> </u>						
States in Whi												
(Check ". [AL]	All State" o [AK]	r check ind [AZ]	lividual Sta [AR]	tes) [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	□ [HI]	All States
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

;	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	\$ <u>0</u>	\$ <u>0</u>
	Equity	\$ 0	\$ <u>0</u>
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ <u>400,000</u>	\$ 25,000
	Partnership Interests	\$ <u>0</u>	\$ 0
	Other (Specify)	\$ <u>0</u>	\$ 0
	Total	\$ 400,000	\$ 25,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
1	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	1	\$ 25,000
	Non-accredited Investors	0	\$ <u>0</u>
	Total (for filings under Rule 504 only)	<u>N/A</u>	\$ <u>0</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of	Dollar Amount
	Rule 505	Security N/A	Sold \$_0
	Regulation A	N/A	
	Rule 504	N/A	\$_0
	Total	N/A	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>⊠</b> \$ <u>0</u>
	Printing and Engraving Costs		<b>⊠</b> \$ <u>0</u>
	Legal Fees		
	Accounting Fees		<b>⊠</b> \$ <u>0</u>
	Engineering Fees		<b>⊠</b> \$ <u>0</u>
	Sales Commissions (specify finders' fees separately)		<b>S</b> \$_0
	Other Expenses (identify) Blue Sky Filing Fees	******	
	Total		

	<del></del>				
	I and total expenses furnished in respons	ate offering price given in response to Part C - Question se to Part C - Question 4.a. This difference is the			\$394,750
5.	used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.			
	, ,	,	Ó D	yments to officers, pirectors, & offiliates	Payments To Others
	Salaries and fees		⊠ \$ <u>_</u> (	)	<b>S</b> \$ 0
	Purchase of real estate		⊠ \$_	0	<b>S S O</b>
	Purchase, rental or leasing and installat	ion of machinery and equipment	⊠ \$_	0	<b>⊠</b> \$ <u>0</u>
	Construction or leasing of plant building	gs and facilities	⊠ \$_	0	<b>⊠</b> \$ <u>0</u>
	offering that may be used in exchange:	ing the value of securities involved in this for the assets or securities of another	⊠s	0	<b>⋈</b> \$ 0
	Repayment of indebtedness				S 0
	Working Capital				<b>■</b> \$394,750
	<del>-</del> ,				S 0
					<b>⊠</b> \$394,750
	Total Payments Listed (column totals a	dded)		<b>⊠</b> \$ <u>39</u>	4,750
_		D. FEDERAL SIGNATURE			
_			41. 1 41.		1 D 1 505 d
	following signature constitutes an undertak	be signed by the undersigned duly authorized person. If ting by the issuer to furnish to the U.S. Securities and Exch e issuer to any non-accredited investor pursuant to paragrap	nange Con	nmission, up	
İs	suer (Print or Type)	Signature	Da	nte	
Н	armony Line, Inc.	Nicholas A. Pettisla	00	ctober 20, 20	004
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION —

Chief Financial Officer

Nicholas Pettinella

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Harmony Line, Inc.	Signature Nicholas A Pettirelle	Date October 20, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Nicholas Pettinella	Chief Financial Officer	

#### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				A	PPENDIX					
Î	to non- investo	d to sell accredited rs in State B-Item 1	Type of security and aggregate offering price offered in state (Part C Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Convertible Promissory Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK					<del></del>					
AZ										
AR										
CA										
CO										
CT										
DE										
DC										
FL										
GA										
HI										
ID										
ΙL										
IN										
ΙA										
KS										
KY										
LA										
ME										
MD										
MA		X	\$400,000	1	\$25,000	0	\$0		Х	
MI										
MN										
MS										

:				A	PPENDIX						
1	to non-	d to sell accredited irs in State B-Item I	Type of security and aggregate offering price offered in state (Part C Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Convertible Promissory Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
MT											
NE											
NV											
NH											
NJ											
NM				<u> </u>							
NY											
NC											
ND											
ОН											
OK											
OR											
PA											
RI											
SC											
SD				_							
TN											
TX											
UT											
VT											
VA											
WA											
WV											
WI											

		_		A	PPENDIX					
to non-accredited investors in State (Part B-Item 1 offered			Type of security and aggregate offered in state (Part C Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Convertible Promissory Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY								,		
PR										